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AUTHOR Lenthall, Betty F.
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ABSTRACT

The future educational needs of the entire school health program in the Fresno City Unified School District are evaluated as part of PROJECT DESIGN, funded under ESEA Title III. This program includes health services, health instruction, and environmental health factors. In the evaluation, site visits were made to selected schools at the elementary, junior high, and high school levels and interviews were held with administrative and instructional personnel and with students of both sexes. The program was found to be generally commendable, the relationship of health to learning and behavior having been well conceived by the district. One area of need is in health counseling. More contact with pupils, parents, and teachers is needed to alleviate health problems before they arise. Also, records from community physicians would be invaluable in dispensing health services. Finally, in health instruction, with yearly changes of emphasis among such subjects as smoking hazards, venereal disease, drugs, family life, and sex education, a separate curriculum unit would be better able to provide systematic treatment of the various subjects. A related document is EA 002 835. (LN)

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EDUCATIONAL NEEDS

21. HEALTH

FRESNO, 1968

ED038760

FRESNO CITY UNIFIED SCHOOL DISTRICT

1968

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
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Project Staff

Dr. Edward E. Hawkins, project director
William P. Booth, coordinator of research and evaluation
Larry Matthews, research assistant
Dr. Louise R. Pierce, research assistant
Dr. Richard Sparks, editing consultant
Richard M. Mallory, editing
Alan E. Lubic, editing

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F O R E W O R D

PROJECT DESIGN (Inter-Agency Planning for Urban Educational Needs) was organized as a two-year project to develop a comprehensive long-range master plan of education for the Fresno City Unified School District in California.

This project was conceived by school leadership to bring under one umbrella current major problems of the schools, the relationship of the schools to the broader community, the impact of educational change now occurring throughout the nation, and a fresh view of the educational needs, goals and aspirations of our youth and adults. The ultimate purpose of the project is to weld into an integrated plan the best use of available resources to meet the totality of current and projected needs according to their rational priorities.

The United States Office of Education funded the proposal as an exemplary Title III project, recognizing the urgency for developing better planning processes for urban school systems. The first year of this project was organized to assess current and projected educational needs in the urban area served by the Fresno City Schools. Planning procedures will be carried out in the second project year.

A major dimension of the Needs Assessment is an analysis of educational and urban factors by a Task Force of specialists. This report is one of the Task Force Needs Assessment publication series. See the next page for the complete list of project Needs Assessment publications.

PROJECT DESIGN

NEEDS ASSESSMENT PUBLICATIONS

1. Brainstorm - Needs Perceived by School Staff
2. Speak-Up - Needs Perceived by Community
3. Student Speak-Up - Needs Perceived by Secondary Students
4. School Staffing
5. Analysis of Achievement
6. Problems Perceived by Educational Leadership

County Schools Survey

7. Vocational Occupational Needs Survey (published by County Regional Planning and Evaluation Center - EDICT)

8.
9. > Other County School Needs Survey Reports (by EDICT)

TASK FORCE

Educational Content Fields

10. Reading
11. Language
12. Mathematics
13. Science
14. Foreign Language
15. Cultural Arts
16. Social Science
17. Physical Education

Other Educational Areas

18. Teaching/Learning Process
19. Special Education
20. Guidance
21. Health
22. Student Personnel
23. Adult Education
24. Vocational Education

Urban Physical Factors

25. Urban Physical Factors

Urban Social and Human Factors

26. Relevance and Quality of Education for Minorities
27. Special Needs of Mexican-Americans
28. Special Needs of Negroes

29. Conclusions from Needs Assessment Publications
30. Summary - Fresno Educational Needs Assessment
31. The Process of Educational Planning

21. HEALTH

(Health Services - Health Instruction - Healthful School Living)

BETTY F. LENTHALL: - R.N. California Hospital
- M.S. University of California at Los Angeles

Position:
- Director of Health Services, Alhambra City Schools*
- School Nursing Consultant, State Department of Public Health

Offices Held:
- President and Legislative Chairman, California School Nurses Organization
- Board of Directors, West San Gabriel Valley Young Men's Christian Association

Member:
- L. A. County School Administrators and Supervisors
- L. A. County School Nurses Organization
- National Education Association
- California Teachers Association
- American School Health Association
- California School Health Association
- American Public Health Association
- Southern California Public Health Association
- American Nurses Association
- California Nurses Association
- Association Childhood Education International

Honors:
- Parent-Teachers Association Life Member Award

*Note: Appreciation is extended to Dr. E. Maylon Drake, Superintendent, Alhambra City Schools, for arranging availability of Mrs. Betty F. Lenthall

TABLE OF CONTENTS

Initial Charge	1
Introduction	1
Experimental Design	4
Major Conclusions	6
Classification Matrix of Needs	
Health Services	7
Health Instruction	13
Healthful School Living	30
Historical Detail	34
Methodology Detail	36
Biliography	38
Needs Identified by Project Design Staff	40

INITIAL CHARGE

The specialist agreed to be a member of Task Force I, in order to prepare a "Needs Assessment", by defining learning requirements and assessing unmet learner needs, in the format of given Product Specification. The area of specialization accepted for this task encompasses the entire school health program and includes health services, health instruction, and environmental health factors.

INTRODUCTION

A school health program includes numerous activities in which many different persons participate. For convenience, the program is commonly divided into three interrelated parts: school health services, health instruction, and healthful school living. Division of a school health program into three parts is artificial, since each aspect is a part of the whole, and each contributes to the other parts. In actual practice these various parts merge: school health services contribute to health instruction and healthful school living; healthful school living becomes possible when school health services provide a healthful school environment; health instruction encourages healthful living and utilizes school health services for educational purposes.

School health services are the procedures used by physicians, dentists, school nurses, teachers, and other school personnel to appraise, protect, and promote the health of pupils and school personnel (1). Such activities are designed to: (a) appraise the health status of pupils and school personnel; (b) counsel pupils, teachers, parents, and others for the purpose of helping pupils obtain needed treatment or for arranging school programs in keeping with their abilities; (c) help prevent or control the spread of disease; (d) provide emergency care for injury or sudden illness; (e) assist in identifying and recommending pupils eligible for special educational programs.

Health appraisal is the process of determining the total health status of a pupil through such means as parent, teacher, and school nurse observations; screening tests for vision, hearing, growth, and other health factors; study of information concerning the pupil's past health experience and developmental patterns; and medical and dental examinations (2). Information obtained through health appraisal is used in many ways. It helps teachers to understand their pupils and to identify those who need modified programs of education. It reveals pupils who need the professional services of a physician or dentist, thus providing the basis for health counseling. Pupils' health knowledge is increased, as the purposes and techniques of appraisal procedures are interpreted to them and the significance of findings is explained.

Health counseling is the method by which physicians, nurses, counselors, teachers, or other school personnel interpret to pupils or parents the nature and significance of a health problem. Counseling is best achieved through

face-to-face conferences. It complements and supplements health appraisal and helps pupils and their parents formulate a plan of action which will lead to the solution of a problem. Much health counseling is done by school nurses; this high priority function is one of the nurses' major contributions to school health services.

Assisting in efforts to prevent the spread of disease is an integral part of school health services. Health departments, practicing physicians, teachers, school nurses, and parents share responsibility for control measures. Efforts to prevent and control disease include education of parents and pupils, encouragement of immunizations in infancy and periodically thereafter, and continuous efforts to have ill children stay at home.

School health services include procedures for the proper and prompt emergency care of those who become injured or ill while at school. Policies need to be established which define the responsibility of school personnel for the common and frequent types of sickness and injury and also for those occurring at times of disaster. These policies should state the amount and type of care to be provided and clearly relate school responsibilities to those of parents, private physicians and dentists, and hospitals. They should be thoroughly understood by all concerned.

As special education programs increase in number and type, health services to boys and girls, eligible for these programs, also increase and become more specialized, i.e. blind, partially sighted, deaf, hard of hearing, mentally retarded, cerebral palsied, physicially handicapped, educationally handicapped, home instruction, and special physical education. Pupils must have help in accepting and adjusting positively to their limitations. Parents and school personnel need assistance in understanding and accepting the exceptional child. Regular and special education programs frequently need modifying, in order to adapt to the unique needs of handicapped pupils.

Health instruction is the process of providing learning experiences which favorably influence understandings, attitudes, and conduct relating to individual and community health (3). It must have an important position in the school curriculum at each grade level of instruction from kindergarten through twelfth grade, because such knowledge is necessary and is most efficiently learned in the school setting. The health instruction program should be organized and sequential through all grades.

Health education prepares an individual to make intelligent decisions to protect and improve individual, family, and community health. Health is a comprehensive term identifying the physical, mental, and social aspects of human behavior. In actual practice, these three aspects are interrelated and constantly changing. Health extends on a continum from optimum well-being to ill health and the level at which an individual functions on this continum varies with time.

Health education is an applied field of learning that relies largely upon the knowledge of the physical, biological, and medical sciences and

related fields for its subject matter. The methodology of health education is based upon the application of behavioral sciences such as sociology, psychology, and educational psychology. The scientific knowledge that comprises health education is unique, in that it is related to the changing health needs, interests, and problems of the individual, family, and community. Because its primary concern is the learner, health education is problem centered, focusing on the learner's physical, mental, and social needs and interests.

Basic health educational needs of pupils guide the identification of content areas which should be organized into a meaningful, balanced, and sequential health instruction curriculum. Health education is a needed approach to bridge the gap between scientific health discoveries and man's application of the discoveries in daily life. The health instruction areas chosen as best representing direct and realistic needs of children, youth, and the community are: (a) Community and Environmental Health; (b) Consumer Health; (c) Diseases and Disorders; (d) Growth and Development and Family Life Education; (e) Mental and Social Health; (f) Mood and Behavior Modifying Substances; (g) Nutrition; (h) Personal Health; (i) Safety and First Aid.

Healthful school living embraces all efforts to provide, at school, physical, emotional, and social conditions which are beneficial to the health and safety of pupils. It includes the provision of a safe and healthful physical environment, the organization of a healthful school day, and the establishment of interpersonal relationships favorable to mental health (4). Included in this broad concept are many factors that affect pupil health, i.e. school organization, teaching methods, program considerations, health of school personnel, school housekeeping, school lunch, school construction and equipment, lighting and acoustics, heating and ventilation, water supply and waste disposal, environment for physical education, and eliminating hazards and disaster preparedness.

1. American School Health Association, Joint Committee on Health Education Terminology. Health Education Terminology. Columbus, Ohio: the Association, 1963.

2. National Education Association and American Medical Association, Joint Committee on Health Problems in Education. School Health Services. Washington, D.C. and Chicago: the Associations, 1964.

3. National Education Association and American Medical Association, Joint Committee on Health Problems in Education. Health Education. Washington, D.C. and Chicago: the Associations, 1961.

4. National Education Association and American Medical Association, Joint Committee on Health Problems in Education. Healthful School Living. Washington, D.C. and Chicago: the Associations, 1957.

EXPERIMENTAL DESIGN

In order to acquaint the specialist with the administrative aspects of the school health program, interviews were held with the following administrators, assistant administrators, directors, assistant directors, and program coordinators:

Administrator, Division of Special Services
Director, Department of Special Education Services
Assistant Director, Department of Special Education Services
Director, Department of Health Services
Director, Department of Guidance, Testing, and Counseling Services
Director, Department of Attendance Services
Administrator, Division of Instruction Services
Director, Department of In-Service Education
Assistant Administrator, Instructional Materials Center
Science Coordinator
Resource Teacher
Director of Physical Education and Commissioner of Athletics, Department of Physical Education and Athletics

Courses of study materials, handbooks, some policies and regulations, printed guidelines, annual reports, other statistical data, reports of special projects, procedural guides including printed forms, and other most helpful materials were given or loaned for the specialist's use. Each person interviewed expressed a keen interest in Project Design, and gave of time freely to discuss both objective and subjective findings.

The sampling of schools was determined with the assistance of the project staff. An adequate sample of minority ethnic, middle and upper income (Minmidup)* was not available, but the other three pupil types determined by the Project's Product Specifications were readily available. The following is a list of the schools visited with ethnic data and economic category:

ELEMENTARY
Calwa (Minlow)*66% Spanish surname - low income
Franklin (Minlow)*71% Negro - 25% Spanish surname - low income
Fremont (Majmidup)*78% White - middle income
Gibson (Majmidup)*97% White - high income
Heaton (Majmidup)*80% White - middle income
Lowell (Minlow)*52% Spanish surname - low income
Thomas (Majmidup)*99% White - middle income
Webster (Minlow)%50% Spanish surname - low income

JUNIOR HIGH
Ahwannee (Majmidup)*90% White - high income
Fort Miller (Majmidup)*83% White - middle income
Hamilton (Majmidup)*86% White - middle income
Irwin (Minlow)*74% Negro - 24% Spanish surname - low income
Sequoia (Minlow)*49% Spanish surname - 6% Negro - low income

HIGH SCHOOL
Bullard (Majmidup)*94% White - high income
Edison (Minlow)*75% Negro - 22% Spanish surname - low income
McLane (Majmidup)*90% White - middle income
Roosevelt (Majmidup)*65% White - middle income
DeWolf (Majlow)*61% White - low income

In each school, except one elementary school, the nurse was interviewed and observed for not less than one-half hour. Thirteen principals spent considerable time conferring with the specialist. The other five principals had limited opportunity because of the tight scheduling. Three deans of boys, two librarians, three science teachers, two home making teachers, one special physical education teachers, three elementary teachers, and one elementary school secretary were interviewed for not less than one-half hour. Other teachers were met on an informal basis and shorter periods of time were spent individually. At the four junior high schools visited, a group of three boys and three girls were picked at random, in order to obtain pupil reaction to health instruction, their concepts of health needs, and their attitudes toward the school health program. At the high schools visited, this was done on an individual basis, spending about fifteen minutes each with an equal number of boys and girls.

In addition to the above contacts, interviews were held with the Parent Teacher Association council health chairman, official representatives of the probation department and welfare department, and nursing and health education representatives of the health department.

* Minlow - Minority group, low income
Majmidup - Majority group, middle and upper income
Majlow - Majority group, low income

MAJOR CONCLUSIONS

The health services aspects of the Fresno City Schools are highly commendable and most exemplary. Written policies and procedures are clear, concise, and readily available. School administrators and faculty recognize the relationship of health to learning and behavior. All school nurses, by virtue of their credential, are academically and professionally prepared to assume the role of health experts in the school and to coordinate all aspects of the school health program.

The most important need of health services, at the present time, is in the area of health counseling. More time for face-to-face conferences with pupils, parents, and teachers is urgently needed. Surveys and screening procedures to find health needs of children are necessary, but of greater importance is the ability to counsel with parents so that these conditions can be eliminated or alleviated. Teachers need counsel so that they can understand the health, developmental, and home factors which may influence learning. Pupils need health guidance, so that care will be obtained, corrections accepted, and handicaps understood.

If an increase of personnel is not immediately possible, then steps must be taken to make the available time more effective. Travel time from school to school should be reduced to a minimum and assistance with clerical tasks is needed, as well as the elimination of other factors which take professional time away from health counseling.

Also of importance is obtaining health information from physicians in the community. The results of physical examinations, dental examinations, visual examinations, etc., when sent to school, can be invaluable in aiding the understanding and acceptance of the child.

The health instruction program must be organized and sequential through all grades. The content areas must be chosen cooperatively and based upon the health needs and interests of each particular age group. Each grade should have separate materials suited for that level. Teachers and provision for inservice education, resource persons and materials, and specific instructional aids. Teachers and school nurses ought to be involved in curriculum development. Certain aspects of health are best taught as a separate subject area, because there is a need for a definite body of knowledge, specific attitude development, and unique behavioral expectancies, which are learned most effectively in this manner. If health instruction is exclusively correlated or integrated with other subject matter, or taught incidentally, many areas of duplication and omission will exist.

Further analysis of the categories included in the area of healthful school living is needed. There are indications that much improvement is necessary, but many specific recommendations for immediate action are included in the minimal standards set by other agencies in the area of school construction and maintenance.

CLASSIFICATION MATRIX OF NEEDS

HEALTH SERVICES

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
1. Written Guidelines - A health services guide provided by the school district is available in each school, containing the objectives for health services, outlining the procedures employed in health services, and suggesting ways health services can be adapted to meet special needs.	1. Written Guidelines - A handbook containing philosophy, objectives, procedures, forms, and memoranda, in loose leaf binding for ease in keeping up-to-date, is readily available in each school.	
2. Advisory Responsibility - A committee with membership representative of school administration, school health personnel, teachers, counselors, etc., which has the advice of physicians, dentists, and other health specialists in the community as needed.	2. Advisory Responsibility - Five physicians are selected by the Medical Society, three of whom are chosen to serve on the Medical Advisory Committee; one physician serves as Chairman, the Director of Health Services serves as Secretary; in addition, the committee includes the Superintendent, Assistant Elementary and Secondary Superintendents, Administrative Assistant of Educational Services, and Director of Physical Education; meetings are held monthly; areas of school health and practices are brought to the attention of this committee for recommendations, through the office of the Director of Health Services; the following topics have been discussed: physical education, including physical fitness testing, remedial program, and athletic teams; pre-school classes; tuberculin skin testing (pupil cafeteria helpers); pupil pregnancy; diabetic detection; medication at school; homework policy; drug abuse; educationally handicapped; first aid procedures; accident prevention; vision testing; remedial reading; communicable disease; family life education.	
3. Teacher Observation and Communication - Teachers are informed and alert to observe pupil characteristics that deviate from those of the well child; nurse-teacher conferences are conducted to provide teachers with help regarding pupils with conditions of health requiring special attention; teachers refer, to the school nurse, pupils whose health appears to	3. Teacher Observation and Communication - School nurses meet with faculty to place emphasis on teacher observation, including signs and symptoms of health deviations; pupils with significant health conditions, which may affect their achievement, are brought to the attention of school personnel, especially the principal and classroom teacher, by the school nurse; the	

HEALTH SERVICES

FUNCTIONAL NEEDS FOR:

	IV. TEACHERS IN CLASSROOMS	V. ADMINISTRATORS IN SCHOOLS	VI. MANAGERS OF DISTRICT OPERATIONS	VII. PARENTS IN HOMES	VIII. LEADERS IN THE COMMUNITY
1.	———	———	———	———	———
2.	———	———	———	———	———
3.	———	———	———	———	———

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
deviate from that of the well child.	school nurse interprets to school personnel the physicians' recommendations and any school adjustment which may be deemed necessary; in addition to orthopedic problems and vision and hearing impairments, the significant conditions most frequently noted were: in the majmidup - severe asthma, colitis, stomach ulcers; in the majlow - rheumatic fever, tuberculosis; in the minlow - anemia, tuberculosis; no significance in ethnic or economic category - amputee, arthritis, brain injury, cancer, cardiac conditions, congenital absence, crippling conditions, cystic fibrosis, diabetes, dwarfism, epilepsy, genitourinary conditions, heart surgery, hemophilia, hydrocephalic, hyperthyroid, hypoglycemia, hypothroid, leukemia, microcephalic, muscular dystrophy, tracheal stricture.	
4. Medical Examination - Parents are informed and advised regarding medical examinations their children should have prior to school entrance, once during the years in elementary school, and prior to grade seven and ten; results of medical examinations are sent from physicians to the school.	4. Medical Examination - In 1966 a procedure, including a form and letter, was instigated so that a report of a preschool physical examination could be sent to the school; the Physical Education Department initiates the procedures for medical screening of boys prior to participation in competitive sports; the Physical Education Department obtains the physicians necessary for attendance at football games.	4. Medical Examination - Boys and girls are not receiving physical examinations regularly; reports of routine physical examinations are not being sent to the school.
5. Vision - Parents are advised to have their children's eyes examined prior to school entrance; teachers are alert to signs of visual difficulty; during the child's first year in school his vision is tested and at least once each two years thereafter; a color test is given while in the elementary grades; vision is tested before permission is granted for driver training; parents are informed and children, who fail the screening, are referred for vision care; the results of examinations by specialists are sent to school.	5. Vision - All pupils in grades 1-3-5-7-9-11, those in other grades referred by teachers, and those new to Fresno City Schools, are given a vision screening test; all pupils enrolled in compensatory schools are tested; pupils in third grade are tested for color discrimination; pupils are given a vision test prior to enrolling in driver training; pupils, participating in the remedial reading program in five compensatory schools, receive additional vision testing; parents are notified, by the school nurse, whenever a vision defect is noted; referrals	5. Vision - Kindergarten pupils, in non-compensatory schools, are not receiving vision screening tests routinely.

HEALTH SERVICES

FUNCTIONAL NEEDS FOR:

IV. TEACHERS IN CLASSROOMS	V. ADMINISTRATORS IN SCHOOLS	VI. MANAGERS OF DISTRICT OPERATIONS	VII. PARENTS IN HOMES	VIII. LEADERS IN THE COMMUNITY
4.			4. Medical Examination - Encourage understanding and coorperation of all parents in the importance of regular physical examinations of their children and the necessity of communicating the results of these physical examinations to the school nurse	4. Medical Examination - Encourage understanding and cooperation of physicians in sending reports of physical examinations to the school.
5.	5. Vision - Schedule longer periods of time for the school nurse to remain at one school; (one full day gives better service than two half days; one half day gives better service than two, two hour periods).	5. Vision - Increase number of qualified personnel.		

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
	are made in writing and if necessary a home visit is made to interpret the referral to the parents; teachers are informed of pupils who may need classroom adjustment; pupils needing large print textbooks are reported to the Department of Special Education; the percentage of pupils failing vision screening tests in compensatory schools is almost twice that of non-compensatory schools.	
6. Hearing - Audiometric tests are given to all new pupils and at least once each two years thereafter; teachers are alert to signs of hearing difficulty; parents are informed and children who fail the screening, are referred for complete examination; classroom seating is adjusted for children with hearing difficulties.	6. Hearing - All pupils in grades 1-4-7-10, those with history of hearing problems, those new to Fresno City Schools, and those referred by teachers, physicians, or parents, are given a hearing test; all pupils enrolled in compensatory schools are tested; the school nurse informs teachers and principals of pupils with hearing impairment, in order that necessary school adjustments can be made, i.e., preferential seating; no significant difference in number of hearing problems has been found in compensatory schools.	6. Hearing - Pupils in non-compensatory schools, are not receiving biennial hearing tests; it is especially important that Kindergarten children receive a routine hearing test; some school nurses must share an audiometer.
7. Dental - Parents are informed regarding their children's need for regular dental examinations, beginning prior to entrance in school and regularly thereafter; parents, of children who have defective dental conditions, are informed and advised regarding essential treatment.	7. Dental - Dental inspections are given to all first grade children; representatives of the Fresno Junior League contact and schedule the dentists who volunteer their services; the school nurse coordinates setting up the room and orienting the PTA volunteers to clean the instruments and record the findings; school nurses contact parents whose children need dental care, either by home visits or written notices.	
8. Growth - Pupils' growth characteristics are observed to determine deviations in growth patterns that merit special attention; gross deviations are discussed with the pupils' parents and pupils are referred for medical attention.	8. Growth - No opportunity to assess.	

HEALTH SERVICES

FUNCTIONAL NEEDS FOR:

	IV. TEACHERS IN CLASSROOMS	V. ADMINISTRATORS IN SCHOOLS	VI. MANAGERS OF DISTRICT OPERATIONS	VII. PARENTS IN HOMES	VIII. LEADERS IN THE COMMUNITY
6.		6. <u>Hearing</u> - Schedule longer periods of time for the school nurse to remain at one school; (one full day gives better service than two half days; one half day gives better service than two, two hour periods).	6. <u>Hearing</u> - Increase number of qualified personnel; purchase additional audiometers.		
7.					
8.					

HEALTH SERVICES

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
9. Health Counseling - The school nurse confers with teachers regarding pupils who have been identified as having health problems; the school nurse confers with parents regarding the health problems of their children and advises them regarding securing the required help; pupils are counseled regarding their health problems.	9. Health Counseling - Personal contact results in a more effective referral pattern; both telephone calls and home visits are significantly more effective that written notices; telephone calls seem to be as effective as face-to-face contacts, but the availability of phones is directly related to socio-economic factors; personal contacts with working mothers are more difficult to arrange; effective referrals require adequate time.	9. Health Counseling- More time for face-to-face teacher-nurse conferences where all pupils in a particular class are discussed, not just those with known health problems; effective counseling takes time, is best done individually, with freedom from interruptions; interpretation to parents requires greater skill and more time when there is a language barrier or motivational lag due to cultural differences.
10. Prevention and Control of Disease - Parents are advised to protect their children, as early as possible, against communicable disease for which immunization is available; parents are notified of school exposures to communicable diseases; pupils suspected of having communicable diseases are isolated while they are waiting to leave school.	10. Prevention and Control of Disease - The school nurse recommends to parents immunizations of their children; pupils are excluded from school when they appear ill and readmitted only after recovery; pediculosis is a problem in several areas of the district, especially in the Mexican-American communities; frequently, repeated home visits are necessary to aid parents in eliminating this condition.	
11. Emergency Care for Injury and Sudden Illness Written policies and procedures are provided all school personnel; first aid is administered promptly; phone numbers of parents and others to call in an emergency are on file for each pupil; parents are notified immediately in instances of serious injury or illness; first aid kits are available; first aid equipment, such as stretchers and blankets, is readily accessible.	11. Emergency Care for Injury and Sudden Illness - Written policies and procedures are provided each school; review of the reports indicate that adequate procedures are performed; first aid kits and equipment are available; number and location are determined by the principal.	

HEALTH SERVICES

FUNCTIONAL NEEDS FOR:

IV. TEACHERS IN CLASSROOMS	V. ADMINISTRATORS IN SCHOOLS	VI. MANAGERS OF DISTRICT OPERATIONS	VII. PARENTS IN HOMES	VIII. LEADERS IN THE COMMUNITY
9. Health Counseling - Teachers available for conferences with the school nurse.	9. Health Counseling - Schedule longer periods of time for the school nurse to remain at one school; (one full day gives better service than two half days; one half day gives better service than two, two hour periods).	9. Health Counseling - Increase number of school nurses.		
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____

HEALTH SERVICES

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
12. Special Education - The school nurse provides each teacher the health information about each handicapped pupil, so that adaptations in the classroom and in instruction can be made; the school nurse assists in identifying and referring pupils eligible for special education programs.	12. Special Education - The school nurse obtains and interprets the current medical diagnosis of pupils receiving special education; this includes the deaf, hard of hearing, blind, partially sighted, cerebral palsied, and home bound pupils; home visits are made by school nurses to each pupil receiving home instruction; the school nurse interprets pertinent health information to teachers and other school personnel so that necessary modification of the educational program can be made; the school nurse accumulates health data on pupils being considered for educationally handicapped or mentally retarded classes; all seventh and eighth grade pupils are initially screened for postural deviations by the physical education personnel; the health records of those pupils selected for possible placement in remedial physical education classes are reviewed by the school nurse prior to the screening physician's evaluation; following the physician's examination, pupils are recommended for remedial physical education classes and for further medical evaluation.	
13. Health Instruction - The school nurse assists in planning curriculum in health instruction; health services procedures are used as a means of direct and indirect teaching; the school nurse plans with school personnel and parent organizations for health educational programs; the school nurse serves as a resource person in health education to teachers and provides and suggests materials for classroom and bulletin board use.	13. Health Instruction - School nurses are available to teachers as resource persons in health instruction areas; school nurses, on invitation of teachers, made classroom presentations on: ear and eye care, nutrition, smoking and health, safety (including mouth to mouth resuscitation), human growth, dental health (including use of disclosing tablets), communicable diseases (including venereal diseases), grooming and personal hygiene, and drug abuse; films, filmstrips, charts, and models are used along with pamphlets, illustrations, and demonstrations; a "smokey joe" was developed by two boys, as a result of school nurse participation (these boys made scheduled	13. Health Instruction - School nurses could be utilized more in health instruction, if more time were available and more teachers recognized and requested this help.

HEALTH SERVICES

FUNCTIONAL NEEDS FOR:

IV. TEACHERS IN CLASSROOMS	V. ADMINISTRATORS IN SCHOOLS	VI. MANAGERS OF DISTRICT OPERATIONS	VII. PARENTS IN HOMES	VIII. LEADERS IN THE COMMUNITY
13. Health Instruction - All teachers recognize and request assistance from the school nurse.	13. Health Instruction - Schedule longer periods of time for the school nurse to remain at one school; (one full day gives better service than two half days; one half day gives better service than two, two hour periods).	13. Health Instruction - Utilize the school nurse in curriculum planning and preparation.		

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
	appearances in other grades and one other school); a "club club" was organized by a high school nurse to aid in curbing obesity.	
14. Records and Reports - An individual cumulative health record for each pupil; consideration of that which is confidential; adequate reports for citing past performance and planning for future needs.	14. Records and Reports - A cumulative health record is maintained for each pupil; a signaling system is used to denote health conditions; a reporting procedure has been developed which insures uniformity, including narrative as well as statistical information.	
15. Evaluation, Inservice Education, and Research - Continuous evaluation of performance, in the light of stated objectives, by comparison with recommended standards, self surveys, statistical data, etc.; courses and workshops; professional organizations.	15. Evaluation, Inservice Education, and Research - Five inservice meetings are held during the school year for the school nursing staff; membership and participation in professional organizations is encouraged; staff is organized into committees; additional collegiate work at the graduate level is encouraged; formal evaluation or research was not observed.	

SOURCES:

1. California State Department of Education, Committee of the California Fitness Project and School Health Education Evaluative Study. Criteria for Evaluating the Elementary and High School Health Program. Sacramento: the Department, 1962.

2. Lenthall, Betty F.: "Areas of School Health Services for use with Evaluative Instruments." Unpublished material, first developed in 1961, most recent revision 1967.

HEALTH SERVICES

FUNCTIONAL NEEDS FOR:

	IV. TEACHERS IN CLASSROOMS	V. ADMINISTRATORS IN SCHOOLS	VI. MANAGERS OF DISTRICT OPERATIONS	VII. PARENTS IN HOMES	VIII. LEADERS IN THE COMMUNITY
14.	____	____	____	____	____
15.	____	____	____	____	____

CLASSIFICATION MATRIX OF NEEDS

HEALTH INSTRUCTION

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
1. Course of Study - Provided by the school district; available in each school; including a teachers' guide; objectives to be sought; both scope and sequence; units of instruction; lists and sources of materials; methods of instruction; recommended means and procedures for evaluating pupils' progress.	1. Course of Study - Commencing in 1951, one grade level guide per year was prepared by the Fresno City School Health Curriculum Committee; teachers from the grade level, administrators, school nurses, and other school personnel were involved; organizations and service groups contributed time and money toward the production of these health guides, i.e., Fresno Dental Society, Fresno Dental Health Council, Fresno Dental Auxiliary, Fresno Council Parents and Teachers, Junior League, and Junior League Advisory Committee; scope, sequence, objectives, content, instructional materials, and evaluation were included; 1951-Kindergarten and first grade; 1952-second grade; 1953-third grade; 1954-fourth grade; 1955-fifth grade; 1956-sixth grade; 1963-Kindergarten and first grade revised; 1964-second grade revised; much duplication and many omissions are quite apparent; the guides developed in the fifties are no longer in the schools; the two revised guides were found in two schools.	
2. Community and Environmental Health - Effectiveness of approaching some health problems on a community basis; local, state, national, and inter-national organization for health protection and promotion; tax supported and voluntary health agency programs; individual and family contributions to community health. Environmental	2. Community and Environmental Health - Kindergarten and Primary: "To teach children what their responsibility is toward the health of the community." (A Tentative Guide to Fresno City Schools Health Program) Upper Elementary: "To understand the	-2. Community and Environmental Health - Junior High and High School not covering this content area.

HEALTH INSTRUCTION

FUNCTIONAL NEEDS FOR:

IV. TEACHERS IN CLASSROOMS	V. ADMINISTRATORS IN SCHOOL	VI. MANAGERS OF DISTRICT OPERATIONS	VII. PARENTS IN HOMES	VIII. LEADERS IN THE COMMUNITY
1 - 10. Need to work with the nursing staff in the development of an organized, systematic sequential, course of study; need to participate in a comprehensive in-serive education program so that they may assume their responsibilities in the health instruction area (health instruction content areas are required by law, but no preparation to teach these areas is required in the present credentialing structure).	1 - 10. Recognize that health instruction is an essential part of the curriculum and must be taught at each grade level.	1 - 10. Establish committees to develop health instruction content areas and units of study; provide instructional materials necessary to effect an optimal program.	1 - 10. Give understanding and support to all areas of the health instructional program; participate in the development of certain content areas.	1 - 10. Physicians, dentists, and other health leaders in the community give understanding and support to all areas of the health instructional program; participate in the development of certain content areas.

I. SOCIETAL STANDARDS

hazards of radiation, air pollution, water contamination, chemical hazards in food production, processing, and distribution; population explosion; modification and control of some environmental conditions such as through fluoridation, safety measures, fire prevention, civil defense, planned parenthood.

Kindergarten and Primary: Correct disposal of wastes; appropriate use of drinking fountains and lavatories; individual's participation in the group's responsibility for healthful school environment; community protection of foods; cleanliness, refrigeration, and pasteurization; awareness of community helpers for inspection, sanitation, and immunization.

Upper Elementary: Health problems of concern to the United States, California, Fresno County, as well as neighboring countries, states, and communities; activities of health agencies - international, national, state, county, and city; activities of voluntary health agencies; contributions of health heroes; health careers.

Junior High: Methods of controlling environmental health; ways of protection against disease.

High School: Effects and remedies for water and air pollution; use of insecticides and pesticides; sources, effects, and control of radiation; population explosion and control; unsolved health problems.

II. ASSESSMENT DATA

health services of the school and of others in public health; to learn about the societies and organizations that have contributed to preventing diseases; to explain the value of pasteurization and vaccination; health heroes; laws and health agencies that protect us" (A Tentative Guide to Fresno City Schools Health Program)

Junior High: In visitations, one eighth grade science class was found to be studying about smog and one ninth grade geography class included information in content area; the boys and girls interviewed, stated that they wanted more information in this content area.

High School: No examples found.

III. LEARNER NEEDS

I. SOCIETAL STANDARDS

3. Consumer Health - The availability of health information, products - foods, drugs, cosmetics - and services; the development and use of sound criteria when choosing health products and services and when evaluating health information; scientific health care and services as distinguished from quack remedies and services.

Kindergarten and Primary: Food and health products that contribute to growth; physicians, dentists, and other medical personnel are the best sources for health information; a responsible adult should be informed when a child is sick or hurt.

Upper Elementary: Motives and methods used in advertising health products and services; reliable sources of health information and services; superstitions harmful to health.

Junior High: Worth and cost of health products; hazards of self-diagnosis and self-treatment; criteria in selecting competent and qualified health advisors; identifying quackery; agencies and legal requirements that protect the consumer; recognized health advisors and other health workers.

High School: Health and accident insurance; private and public expenditures for health and medical care; consumer responsibilities in health; long range health plans.

II. ASSESSMENT DATA

3. Consumer Health - Kindergarten and Primary: "To value and appreciate the services of doctors, dentists, and nurses." (A Tentative Guide to Fresno Ctiy Schools Health Program)

Upper Elementary: No examples found.

Junior High: In visitations, one general business class was found studying health statistics and insurance; the boys and girls interviewed, stated that they needed this information, but it was not given in school.

High School: No examples found.

III. LEARNER NEEDS

3. Consumer Health - Upper Elementary, Junior High, and High School not covering this content area.

I. SOCIETAL STANDARDS

4. Diseases and Disorders - Prevention and control of communicable and non-communicable diseases - colds, heart disease, cancer, respiratory diseases, acne, venereal diseases; immunization; the communicable disease process.

Kindergarten and Primary: Importance of keeping hands and objects out of mouth; covering coughs and sneezes; cleanliness in handling and consuming food and water; orientation to immunization; orientation to physician, dentist, and nurse; preparation for health examination; importance of staying home from school when ill; relation of cleanliness, immunization, regular health examinations, and recognition of early signs and symptoms of illness to disease prevention; germs cause some diseases; diseases may be spread from person to person.

Upper Elementary: Causes, spread, and control of disease; ways the body fights disease; food, exercise, rest, and other factors influence disease; differences between communicable and non-communicable disease.

Junior High: Historical aspect of disease prevention and control; specific diseases which are major health problems, i.e. cancer, heart disease, respiratory diseases, venereal diseases.

High School: Universal efforts to conquer disease; early recognition aids in disease control; research and education combat diseases; infections disease cycle; chronic and degenerative diseases.

II. ASSESSMENT DATA

4. Diseases and Disorders -

Kindergarten and Primary: "Diseases are spread by using other people's drinking glass, by putting mouth on drinking fountain, by sneezing and coughing, and by handling things with drity hands; it is important to stay at home when ill; vaccination and immunizations protect against certain diseases." (A Tentative Guide to Fresno City Schools Health Program).

Upper Elementary: "What are communicable diseases; how are disease germs spread; how may germs be controlled; what the heart and lungs do." (A Tentative Guide to Fresno City Schools Health Program).

Junior High: One eighth grader interviewed reported learning about the heart and about colds.

High School: Venereal disease films have been used in certain classes; some biology classes learn about body systems, but not about diseases.

III. LEARNER NEEDS

4. Diseases and Disorders - Junior High and High School not covering this content area.

I. SOCIETAL STANDARDS

5. Growth and Development and Family Life Education - The physical, mental, and social changes experienced by the individual as he grows and his relationships with parents, family, and peer groups; family patterns and members' roles; boy-girl relationships; personality development and sexuality; family life cycle; body processes; heredity and environmental influences.

Kindergarten and Primary: Significance of the family; roles and responsibilities of family members; interrelationships of family, cultural influence, and personal development; living things come from living things; ways boys and girls grow and develop; correct terminology to parts and functions of the body; each specie reproduces its own kind; male and female occurs in humans as well as plant and animal life.

Upper Elementary: Differences in family patterns throughout the United States and the world; changes that take place in puberty; influences of heredity and environment upon growth and development; functions of body systems; individual growth patterns of boys and girls; cycle of human growth and reproduction.

Junior High: Genetic substances and their transmission; strengths and crises in effective family life; effective boy-girl relationships; attitudes toward changes in body; attitude toward boy-girl roles; factors responsible for individual growth characteristics; differences in

II. ASSESSMENT DATA

5. Growth and Development and Family Life Education - Kindergarten and Primary: "Members of a family help, love, and respect each other." (A Tentative Guide to Fresno City Schools Health Program).

Upper Elementary: Request comes from the Parent Teacher Association or the Principal; a committee of the principal, school nurse, teacher, and PTA member decides which films will be shown, to what grades, and how the film is to be presented; films are shown to parents; forms for consent of parents must be completed before pupils may view films; the school nurse shows the films and leads the discussion.

Junior High: The boys and girls interviewed, stated that they wanted an opportunity for class discussion of this content area; some films are shown during physical education classes; in some schools, these films are shown to girls only.

High School: Elective homemaking classes include much of this content areas; a parent questionnaire was distributed during one Open House.

III. LEARNER NEEDS

5. Growth and Development and Family Life Education - Upper Elementary program not consistent; Junior High and High School not covering this content area.

I. SOCIETAL STANDARDS

II. ASSESSMENT DATA

III. LEARNER NEEDS

rate of maturity; changes in responsibilities of family members, dependent upon position on the life cycle; needs of families.

High School: Code of dating behavior; characteristics of a harmonious relationship; male-female role in a changing society; qualities of a desirable mate; types and stages of love; responsibilities of marriage and parenthood; factors contributing to successes and failures in marriage; changing role of the family; eugenics and euthenics; family life cycle; human reproduction; social implications of sexual behavior.

6. Mental and Social Health - Interaction between attitudes and social behavior; understanding oneself; understanding and managing personal problems; adapting to changing emotions; getting along with others at home and in school; mental illness as a health problem.

Kindergarten and Primary: Development of friendships; kindness to others; sharing and taking turns; control of hands and feet; adjustment to disappointments; use of "please" and "thank you"; responsibility to others; courtesy; responsibility for possessions; importance of a sense of humor; acceptance of handicaps in self and others; participation in solving individual and group problems; contributions to group planning; satisfaction from acceptable work habits and creative experiences; appreciation of cooperative relationships; responsibility for own actions; recognition of

6. Mental and Social Health - Kindergarten and Primary: "Sharing experiences and materials; accepting responsibilities; planning together; encouraging good work habits; developing harmonious relationships with parents, siblings, and classmates; cultivating a sense of humor; developing an attitude of adjusting to tensions and disappointments." (A Tentative Guide to Fresno City Schools Health Program).

Upper Elementary: "Understanding our emotions; getting along with others; what are good manners." (A Tentative Guide to Fresno City Schools Health Program).

Junior High: The boys and girls interviewed, stated that they have not

6. Mental and Social Health - Junior High and High School not covering this content area.

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
personal worth; identification of likenesses and differences among children.	had this content area, but needed this information.	
Upper Elementary: Cause-effect relationship between what one does and what happens; adjustment to facing difficulties squarely; importance of evaluating and accepting criticism; relaxation through creative experiences, interests, hobbies, clubs; appreciation of qualities and responsibilities of leadership and followership; differences between humor; standards for acceptable behavior, including self-control; importance of establishing effective study habits; respect for self and others; importance of cooperation; relationships between emotional-social adjustment and physical well-being; relationships between rest, diet, and behavior; development of a sense of values; attitude of practical acceptance toward the use of correctional aids; the power of example; being a worthy example of younger children; empathy with others; importance of friends; establishment of acceptable emotional patterns; importance of social skills; recognition of talents and services; awareness of own abilities, interests, and accomplishments; wise use of time; the role of authority in contributing to the welfare of society; acceptable ways to express emotions; relavant criteria for judging persons; actions which demonstrate fair play; understanding of ways of releasing feelings, emotions, and actions; understanding growth in behavior.	High School: No examples found.	

I. SOCIETAL STANDARDS

Junior High: Constructive ways to channel emotional energy; characteristics of independent adulthood; value of individual differences; characteristics which permit an adolescent to interact effectively with adults and peers; types of friendships; growth of independence, social awareness and emotional expression; acceptance of self and others; value of communication in interrelationships of people; balance between self-reliance and dependency on others; environment molds personality; personality development is a continuing process; individuals' roles and responsibilities change; freedom of choice of behavior has the inherent responsibility for acceptance of consequences; problems and frustrations are universal and yet individual; help is available for problems; misconceptions in regard to mental illness are barriers to realistic attitudes of prevention and treatment; suicide is a problem in our society; emotional needs of individuals are not related to their levels of intellectual abilities; a wide range of intellectual ability exists in the human population; factors of popularity and personality.

High School: Establishment of a personal philosophy of life; objective establishment of realistic goals; management of life's activities; cultural and racial prejudices; factors related to mental disorders; individuals's effect upon other person's mental health; a changing society necessitates adjustments;

II. ASSESSMENT DATA

III. LEARNER NEEDS

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
life cannot be lived without conflict; social skills necessary for mature adult behavior; causes, degrees of severity, and methods of treatment of mental illness; physical illness as a manifestation of emotional problems; causes, prevention, and treatment of the problems of mental retardation and deficiency; effect of environmental deprivation and neglect upon human potential; nature of the mental health problem; foundations of mental health; nature of mental illness; a personal program for optimum mental health.		
7. Mood and Behavior Modifying Substances - Substances such as alcohol, tobacco, coffee, tea, cola drinks, narcotics, hallucinogenic and other dangerous drugs; the range of stimulants and depressants from mild to strong in their effect on the body; the variety of motives and forces which prompt the use of these substances, the health and safety problems that may occur with the use of stimulants and depressants. Kindergarten and Primary: Precautions taken with medicines and substances we do not know about; medications prescribed by a physician should be used only by that person. Upper Elementary: Effects of potentially damaging chemicals upon the body; interrelationships of alcohol and the body; the use of alcohol in our society; societal problems resulting from the misuse of alcohol; uses of alcohol throughout history; social and mental	7. Mood and Behavior Modifying Substances - Kindergarten and Primary: "Understanding that an unknown substance should never be sampled." (A Tentative Guide to Fresno City Schools Health Program). Upper Elementary: "To understand the beneficial uses of alcohol and tobacco outside the body; to present scientific facts about the use and effects of alcohol and narcotics; to examine problems as they relate to industry, traffic, crime, health, and disease; to promote understanding of the fact that the use of alcohol and narcotics contributes nothing to the health and happiness of the individual." (A Tentative Guide to Fresno City Schools Health Program) Junior High: Assemblies have been given on glue sniffing, LSD, and	7. Mood and Behavior Modifying Substances - No organized, systematic, sequential approach to this content area; "crash" programs have been somewhat effective.

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
effects of alcohol; effects of tobacco on the body; understanding of the tobacco plant, its cultivation, history, and commercial forms; reasons people start smoking; understanding of classes and sources of drugs; use and misuse of drugs; fundamentals of prescription drugs; effects of drug abuse; hazards of "sniffing" dangerous substances. Junior High: Motives for drug abuse; social problems involving drug abuse; physiological and sociological factors in drug abuse; value of the controlled use of drugs; relation of the nervous system to behavior; effects of depressants and stimulants on the nervous system; addicting and habit-forming substances; characteristics of drug misusers; prevention of drug addiction and rehabilitation of addicts; use of alcoholic beverages; conditions and factors related to the effects of alcohol on the body; factors leading to a smoking habit; economic aspects of smoking; reaching decisions about smoking; legal aspects of alcohol, narcotics, and other dangerous drugs; kinds and characteristics of hallucinogenic substances; physical, mental, and social effects of use. High School: Personal strategy for dealing with alcohol; alcoholism as a disease; characteristics of alcoholics; effect of alcohol on economy; driving and alcohol; research and testing necessary before acceptance of drugs; nature and major classification of drugs; unauthorized use of drugs; prevention and control	narcotics; the boys and girls interviewed, stated that facts about cigarette smoking should be given earlier (in the elementary school) and that they want time for classroom discussion, at junior high level, about all of these substances. High School: Assemblies have been given to seek a solution to an immediate problem; the boys and girls interviewed, stated that they need time for classroom discussion.	

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
of drug abuse; problems associated with the use of stimulants and depressants; history of drug use and control; extent and dangers of drug abuse; law enforcement in the abuse of drugs; developments in tobacco research; constituents of tobacco smoke; tobacco and the economy; problems associated with tobacco; tobacco and the high school pupil.		
8. Nutrition - Food and how the body uses it; different nutrients needed for growth and health; the need for the same nutrients, but in varying amounts, by all persons; the influence of food on the amount of nutrients in food, its safety, appearance, and taste. Kindergarten and Primary: Foods that are needed for growth and health; development of a taste for a variety of foods; importance of an adequate breakfast; cleanliness in handling foods; development of pleasing eating habits; relaxed atmosphere while eating; importance of a balanced breakfast, lunch, and dinner; nutritious snacks; undesirability of tea, coffee, and carbonated drinks; necessary foods for body building; correct use of eating utensils. Upper Elementary: Protection and processing of foods; importance of basic food groups; advantages of a variety of foods; California crops and food industries; transportation and preservation of foods; food nutrients in an adequate diet; relationship to body weight; digestion; quiet activities before and after meals;	8. Nutrition - Kindergarten and Primary: "To understand that nutritious food is needed for body growth and good health; to learn about foods good for children; to encourage good eating habits and provide opportunities for practice; to create a happy, relaxed atmosphere while eating." (A Tentative Guide to Fresno City Schools Health Program). Upper Elementary: "What happens to the food you eat; to know the value of a proper diet." (A Tentative Guide to Fresno City School Health Program). Junior High: Elective homemaking classes for girls. High School: Elective homemaking classes for girls.	8. Nutrition - No organized content for Junior High and High School, with the exception of that covered in homemaking classes.

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
effects of emotions on selection and digestion of foods; cultural effects on choice of food; importance of chewing food well and eating slowly; economic conditions that influence food selection. Junior High: Common misconceptions related to food; food requirements; relationships of food and performance (physical, educational, and social); overweight and underweight; dietary deficiencies; relationships of food to energy, growth, and protection; fraudulent practices in food advertisements. High School: Nutritional needs (general and specific requirements); basic dietary patterns; individual adaptations; weight control; interpretation of standards; nutritional fads; food supplements; "health foods"; food combinations; food additives; consumer protection; sources of accurate information on foods and nutrition; legislation and labels; teenage dietary problems.		
9. Personal Health - The effect of conflicting influences on the individual's behavior relative to rest, sleep, exercise, use of leisure time, posture, care of eyes, ears, and skin, dental health, cleanliness and grooming.	9. Personal Health - Kindergarten and Primary: "To teach that proper dental care is an important part of our everyday life; to learn how teeth form, develop, and function; to teach the value of teeth; to teach proper care of teeth and to develop a good program of mouth hygiene; to help children realize	9. Personal Health - No organized content for Junior High and High School, with the exception of that covered in homemaking classes.

I. SOCIETAL STANDARDS

Kindergarten and Primary: Care of hands (washing and drying); use of handkerchief or tissue; responsibility for own clothing; posture; sitting "tall"; frequent change of position; posture for resting; good posture helps prevent fatigue; care of teeth; brushing teeth and care of own toothbrush; regular visits to the dentist; drinking water after eating; foods for "cleansing: teeth (apples, carrots, celery): foods for building teeth; importance of primary and permanent teeth; avoidance of harmful effects of sweets and carbonated beverages; avoidance of injuries to teeth; protection of eyes, ears, and nose from foreign objects; preparation for vision and hearing screening at school; desirable habits for listening; regular bedtime with sufficient sleep; awareness of correct light and posture for reading and television viewing; relaxation after stimulating activities; quiet, happy period before bedtime; responsibility for personal cleanlinesss; establishment of bathing or showering routines; suitable shoes; protection of eyes, ears, and nose from injuries during play; relationships of rest, sleep, and exercise to growth and development.

Upper Elementary: Kinds and number of teeth which vary with age; use and structure of teeth; causes, prevention, and correction of dental disorders; discrimination as a consumer of dental information, products, and services; growth and function of dental

II. ASSESSMENT DATA

the importance and necessity for personal health; to practice and form habits of cleanliness, neatness, and personal care, at home and at school; to help children realize the importance and necessity for proper exercise; to practice and acquire good habits of relaxation, rest, and sleep; to appreciate the importance of good vision; to learn how to care for the eyes; to appreciate the importance of accurate hearing; to learn how to care for the ears." (A Tentative Guide to Fresno City Schools Health Program).

Upper Elementary: "To realize that good dental habits are essential all through life; to develop a knowledge of the importance of teeth; to avoid hazards to permanent teeth; to provide pupils with an understanding of the reasons for recommended dental health practices; to develop a more scientific knowledge of teeth; to reemphasize the importance of the dentist; to help the child realize that good teeth are important to social and business success; to develop an understanding of past methods of caring for teeth and the progress made in dental health; to develop good health habits of exercise; to establish the importance of personal

III. LEARNER NEEDS

I. SOCIETAL STANDARDS

II. ASSESSMENT DATA

III. LEARNER NEEDS

structures; relationship between dental health and personality; causes of infections of the mouth; value of x-ray in dental examinations; expense of dental neglect; extent of the dental health problem; introduction to different parts of the eye, ear, and nose; care and use of glasses; recognition of signs of fatigue; relationship between fatigue and posture; effects of shoes on posture; effects of posture upon appearance; information about the body's framework; function and care of the eyes, ears, nose, and throat; standards for sleep; practical aids to grooming; personal and social values of grooming; personal and social values of correct posture; poise in static conditions; relationship between shoes and body balance; grace and flexibility in body movements; importance of relaxation; opportunities and ways to relax; relationships of habits of body care to the functioning of body systems; relationship between exercise and health; understanding physical fitness.

Junior High: Amount of exercise, rest, and sleep needed by adolescents; care of skin and hair; importance of foods to mature teeth; specialized personnel treat dental disorders; safety practices can prevent dental accidents; dental health affects interpersonal relationships; understanding the senses; relationships of personal health to total fitness; factors of fitness; protection of eyes, ears, nose, and throat while

appearance; to teach the children some points on the care of their bodies, clothes, and posture; to develop a knowledge of the importance of the various organs of the body and their individual functions; to develop an understanding of why we have glands; to create and interest in exercise; to strengthen muscle groups; to improve posture; to provide pupils with the scientific knowledge of the mechanics of 'how we see'; to realize the importance of the care of the eyes; to understand the causes and effects of diseases and defects of the eyes; to further an interest in physical cleanliness; to encourage neatness of hair and nails; to discuss the use of cosmetics; to find out how hearing weaknesses may be detected; to find what conditions can affect hearing; to gain a desire to maintain our hearing through proper ear care and practices; to gain an understanding of how we hear." (A Tentative Guide to Fresno City Schools Health Program).

Junior High: Grooming is discussed in homemaking classes for girls; boys and girls interviewed, indicated that they feel this content area is adequately covered in elementary school.

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
swimming; physical activity and recreation need; balance of work, rest, and relaxation; establishment of a daily schedule for health practices; relationships of personal health to appearance. High School: Professional dental supervision as a deterrent to periodontal disease; some local, national, and international dental needs require community action; various methods of financing dental care; importance of regular exercise throughout life.	High School: Grooming is discussed in homemaking classes for girls; boys and girls interviewed, indicated that they feel that this content area is adequately covered in elementary school.	
10. Safety and First Aid - Individual responsibility for safety of self and others; safety at home, school, in the community, and in work and recreational activities; the relationship of human and environmental factors to the cause of accidents and injuries; prevention of accidents while recognizing the inevitability and appeal of risk taking; first aid procedures and skills. Kindergarten and Primary: Proper methods of managing emergency situations; methods of first aid for minor cuts, bruises, and burns; traffic safety; safe ways of caring for toys, tools, dangerous objects, and electrical appliances; safe behavior at school; prevention of accidents. Upper Elementary: Correct procedures for handling emergency situations; causes of traffic accidents among school children; hazards in the use of fire, electrical appliances,	10. Safety and First Aid - Kindergarten and Primary: "To provide experiences and activities which will help children become safety-minded; to give children a sense of security through knowing what to do in everyday and emergency situations; to help children take care of themselves and to assist others; to teach the important safety measures for this age learning how to ride safely inside vehicles, knowing how to play safely at school and at home, understanding the meaning of traffic signals, knowing necessary safety precautions when walking on a highway, learning rules for safe bicycle riding, understanding necessary safety precautions with fire, matches, etc., knowing when first aid is necessary and why it is necessary." (A Tentative Guide to Fresno City Schools Health Program.)	10. Safety and First Aid - Junior High and High School program could be strengthened.

I. SOCIETAL STANDARDS

and other equipment; accident prevention requires rules and courtesy; safety precautions when swimming; community teamwork for safety; safety precautions when hiking or camping.

Junior High: Safe use of electricity, fire, tools, and equipment; values of first aid training; individual responsibility for a safe community; accident prevention through knowledge, attitudes, and skills; pedestrian safety; responsibilities of babysitting concerning safety and first aid; relationships between emotions, fatigue, drugs, and accidents.

High School: (Driver education may be included.) Preparation for emergencies and disasters; time, money, and human resources lost through accidents; safety factors in recreational activities; strategies for preventing accidents; essentials of first aid; civil defense and disaster preparedness.

SOURCES: Many sources are available to assist in the determination of the content areas of health instruction. Traditionally the categories have ranged in number from ten to fifteen and varied only slightly in terminology. At the present time, many persons are involved, working in a variety of groups, to help determine the learning requirements necessary to assure a "health educated individual." Examples of projects currently being undertaken are: On a

II. ASSESSMENT DATA

Upper Elementary: "To stress the importance of safety in our everyday living; to emphasize safety until the practice of it is part of everyday living; to provide experiences for children to develop good safety habits; to make our homes and yards safer for everyone; to play safely with other children; how to prevent fires; avoidance of strangers; safety to and from school; how to care for emergencies; how to play safely at school; how to operate a bicycle safely and skillfully; the signs, laws, and singals for safe cycling; hazards to pedestrians and how to avoid them; safest route to school; safe travel to our vacation place; safe fun on and in the water; safe camping and safe hiking; safe fun on a farm; safety rules in the snow." (A Tentative Guide to Fresno City Schools Health Program.)

Junior High: Taught in relation to certain classes, i.e., homemaking, industrial arts, physical education, etc.; mouth-to-mouth resuscitation; the boys and girls interviewed, indicated that they feel the safety aspects of this content area are adequately covered, but would like more instruction about first aid.

High School: Taught in relation to certain classes, i.e., homemaking, industrial arts, physical education, etc.; mouth-to-mouth resuscitation and first aid covered.

III. LEARNER NEEDS

I. SOCIETAL STANDARDS

II. ASSESSMENT DATA

III. LEARNER NEEDS

national level - The School Health Education Study, Washington, D.C., funded by the 3M Company; on a state level - California Framework, San Fernando Valley State College, funded by the State through efforts of the Legislature, State Board of Education and State Department of Education; on a county level - Project Quest, Los Angeles County Schools Office, funded by E.S.E.A., Title V; and on a local level - Health Education Project, Alhambra City Schools, funded by the Los Angeles County Cancer Society. In addition, many school districts have developed their own health instruction content areas, including scope and sequence. Book publishers, too, have contributed to the vast amount of material available to assist in determining content. Commercial companies, such as Johnson and Johnson, have developed curricular content for use primarily with "programmed learning" and the use of audio-visual aids. And finally, the State adopted health texts have helped to determine the the content for grades one through eight.

CLASSIFICATION MATRIX OF NEEDS

HEALTHFUL SCHOOL LIVING

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
1. Health of School Personnel - Pre-employment medical examinations and periodic medical examinations thereafter; tuberculin skin test or chest x-ray prior to employment and every two years thereafter; cumulative sick leave with pay; medical insurance plans available; an equitable work load; counseling and guidance provided as needed; encouraged to stay home when having signs or symptoms of disease; set good examples of healthful living.	1. Health of School Personnel - All personnel are required to have a pre-employment physical examination at the employee's expense; tuberculin skin test or chest x-ray prior to employment and every two years thereafter is required; ten days cumulative sick leave each year with full pay; a physical examination is required for cafeteria personnel every other year; five days of consecutive illness absence requires a note from the employee's physician; ten consecutive days of illness absence requires a form to be completed by the employee's physician and approved by the Director of Health Services.	1. Health of School Personnel - Pupils have the right to be assured that all school employees are functioning at an optimal level of well being.
2. Wholesome Emotional Climate - Morale at a high level, as evidenced by confidence, happiness, sincerity, etc.; provision for leaves of absence and sabbatical leaves; communication between staff and administration and certificated and classified personnel; teamwork approach in preventing and solving problems; classroom environment conducive to learning, as evidenced by adapting learning experience, providing a balanced daily program, fair and consistent discipline procedures, individualized instruction, fair grading procedures, etc.	2. Wholesome Emotional Climate - No time to investigate.	
3. Food Services - Type A lunch served daily; candy and sweetened beverages not served; supervision by persons qualified to advise on nutritive values and sanitary practices; in-service education for food service personnel in food preparation and handling.	3. Food Services - Not all schools have a cafeteria; not all secondary schools are able to provide a canteen or vendor service; schools run out of the allotted number of "free lunch" tickets before the end of the school year; the school nurse, according to the wishes of the principal, assists with the orientation and inspection of pupil cafeteria workers in regard to health and sanitation.	3. Food Services - Pupils' efficiency in the learning process is directly related to their nutritional status and to factors of hunger; the importance of an adequate breakfast and nutritious snacks has been well documented.

FUNCTIONAL NEEDS FOR:

IV. TEACHERS IN CLASSROOMS	V. ADMINISTRATORS IN SCHOOLS	VI. MANAGERS OF DISTRICT OPERATIONS.	VII. PARENTS IN HOMES	VIII. LEADERS IN THE COMMUNITY
1 - 13 Through professional channels, seek to establish ways to assure the health of school personnel; many industries nave more established procedures and practices of health standards for their employees than schools have for their personnel.	1 - 13 Establish a planned procedure for detection, reporting, and correction of possible unsafe and unhealthful conditions.	1 - 13 Continue to seek ways of assuring the health of school personnel, i.e., physical examination at regular intervals; continue to explore ways of providing food services for all pupils; include specific needs of the health services unit, when planning replacement of school buildings.	1 - 13 Seek to establish food services programs which will enable boys and girls, who do not have adequate nutrition, to obtain food during school hours, i.e., "free" or "part pay" lunches, nutritious snacks, breakfasts, etc.; stimulate and support programs necessary to insure adequate buildings, staffing, and climate of schools.	1 - 13 Support bond elections, tax overrides, and legislative endeavors in order to give support to school building programs and a sufficient budget for operation and maintenance of schools; develop cooperative programs of disaster preparedness.

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
4. Health Service Unit - A sink with hot and cold running water; a toilet room with a toilet and wash basin, with hot and cold running water; an enclosed area for isolating pupils who are ill (secondary schools - separate area for boys and girls); necessary space and conditions for vision screening; an area relatively free of disturbing noises for hearing screening; office space, including file and phone; an enclosed area for conferences with pupils, parents, and teachers.	4. Health Service Unit - Not all schools have running water and a toilet in the unit; not all schools have an area for isolating pupils suspected of communicable disease; not all secondary schools have separate resting areas for boys and girls; not all schools have an adequate (21 feet) of space for vision screening; not all schools have an area, free of disturbing noise, for hearing testing; not all schools have adequate office space, including file and phone; not all schools have an area where confidential conferences can be held with pupils, parents, and teachers.	4. Health Service Unit - Pupils need access to an area where adequate first aid and care for sudden illness can be assured; hot and cold running water, toilet facilities, and ice should be available; isolation for suspected communicable disease and separation of resting boys and girls in secondary schools are essential; appropriate space and conditions for vision and hearing screening are needed; other office needs exist, including facilities for private conferences.
5. School Site - Meets the standards that are established for schools as set forth in the California Administrative Code, Title 5.	5. School Site - Several schools do not meet the standards set by the California Field Act.	5. School Site - Adequate construction is needed.
6. Buildings, Grounds, and Equipment - A planned procedure to detect and correct possible unsafe conditions; hazardous conditions are corrected immediately after being reported; regular inspection of the school plant; written reports of the inspections presented to the school health advisory committee, the administration, and the school board.	6. Buildings, Grounds, and Equipment - No planned procedure exists to detect and correct possible unsafe conditions; no regular inspections are held; written reports are not presented to the school health advisory committee; the school nurse is not actively involved in inspections or reporting.	6. Buildings, Grounds, and Equipment - Planned procedures and regular inspections are necessary.
7. Operation of Buildings and Grounds - All walkways connecting buildings and classrooms have roofs; ceilings and walls of classrooms and inside corridors have sound-absorbing materials; rooms used for band, physical education, industrial arts, etc., located where the noises are likely to be least disturbing to other classes held in the adjacent area; enrollments in classes not to exceed the number of pupils for which the rooms were planned; classroom furniture sufficiently varied to provide for pupils of various sizes; play areas fenced; suitable surfaces under play apparatus; driveways located where hazards to pupils are kept to a minimum.	7. Operation of Buildings and Grounds - No time to investigate.	

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
8. Eye Comfort - Lighting in classrooms: soft, even, properly distributed, and sufficiently bright; working surfaces (desks and tables) free from glare; chalkboards, furniture, and other fixtures have non-glossy finishes; interior walls and ceilings have light colors and dull finishes.	8. Eye Comfort - No time to investigate.	
9. Heat and Ventilation - Room temperature 68°-70°; each room has a thermometer installed on a wall about four feet from the floor; 15 cubic feet of fresh outdoor air per person per minute; no noticeable drafts; windows may be opened and equipped with deflectors or ventilators.	9. Heat and Ventilation - No time to investigate.	
10. Drinking Fountains - One for each 75 pupils and at least one on each floor; approved by the local health department; suitable height for use by children; conveniently located; regular inspection of the water supply.	10. Drinking Fountains - No time to investigate.	
11. Handwashing and Toilets - Toilet rooms readily accessible from classrooms and play areas; each toilet room contains at least one wash basin equipped with hot and cold running water for every 50 pupils using the room; one toilet for each 30 girls; one toilet for each 60 boys; one urinal for each 30 boys; heights of the toilets adjusted for the age group using them; wash basins installed at proper heights for the age group using them; liquid or powdered soap available near each wash basin; paper towels available near each wash basin; supply of toilet paper and towels replenished each day at specified intervals; toilet rooms and fixtures kept clean.	11. Handwashing and Toilets - No time to investigate.	

I. SOCIETAL STANDARDS	II. ASSESSMENT DATA	III. LEARNER NEEDS
12. Fire Prevention - All school personnel know the location of fire signal switches and of fire alarm boxes; manually operated fire signals; fire extinguishers' location, type, and inspection approved by the local fire department.	12. Fire Prevention - Monthly fire drills are held and the local fire department conducts inspections.	
13. Disaster Preparedness - Written procedures are displayed in prominent places; school personnel and pupils know the procedures to be followed in case of a fire, an earthquake, or other disaster, other than fire, are held at specified intervals throughout the school year.	13. Disaster Preparedness - Drills are not conducted routinely; one school visited dismisses early, as part of a drill; many schools rely on a system of intercommunication to all classrooms, as being the method for giving instruction in time of disaster; written procedures are not displayed in prominent places.	13. Disaster Preparedness - Pupils need to know the procedures to follow in case of disaster; drills are recommended to review these procedures.

HISTORICAL DETAIL

A corresponding increase of school nurses has not kept up with the increase in enrollment of Fresno schools. In addition to an increase in the pupil-nurse ratio, other factors have contributed to a greater load, i.e., mobility of pupil population, late enrollments during the school year, and increasing proportion of minority and lower socio-economic pupils, parental cultural differences which do not place a high priority on health or educational matters, an increasing number of mothers who are employed full time, an apparent breakdown in the family structure as evidenced by one parent families and children with surnames different from that of their parents, language barriers, an increasing number of emotional and social health problems, some conditions (venereal diseases, abuse of drugs, teenage parenthood, dental decay, cigarette smoking, traffic accidents, etc.) reaching great proportions and causing wide-spread community concern.

Besides an increase in the number and types of health problems, the role of the school nurse has expanded. In addition to certain specific tasks in controlling communicable diseases and giving first aid, her responsibilities have increased and become complex, varied, and unique. The expansion of special education programs has contributed to the increase in her functions and effectiveness.

Since the number of boys and girls and types of health problems have increased, while the number of health services personnel has not, priorities of school nursing service must be established. An example of this change in priority is the program emphasis in compensatory schools. It has been demonstrated that these schools have greater need for certain types of health services.

In the fifties, the elementary health education guides were developed cooperatively by school and community personnel. Only two of these have been revised and it is apparent that there are many duplications and omissions. The same objectives are used from more than one grade and the resources, methods, and instructional materials are identical for more than one grade also. In the light of current health problems, and evaluation of the content areas is indicated, including scope and sequence.

Many times without the help of an organized health instructional program, at the elementary level, the teacher resorts to using the State adopted health textbook as a reader. In this way, he feels at least he is covering some of the required subject matter. In a departmentalized seventh and eighth grade, however, it becomes an administrative problem to decide where to store the State health textbooks, as no teacher is including their content.

At the secondary level, health has been taught incidentally or combined with other curriculum areas. One determining factor has been the interest and background of the teacher. Some content areas are included in required eighth grade science classes, but the emphasis is

left to the teacher's discretion. The required tenth grade biology classes include some of the health instruction content areas, but many biology teachers do not have the experience or take the time to utilize this opportunity. Some other classes contribute to health instruction, but content is limited, sporadic, incidental, and not required of all pupils.

The State required subjects, in the health area, are frequently assigned to other curriculum categories, and taught by persons lacking special preparation and adequate materials. Many times the health instruction program is dependent upon the influence, availability, and interest of the school nurse. Often administrators and teachers do not expect or request the school nurse to participate in instructional matters.

In the past, especially at the secondary level, the health instructional program has been designed to meet crisis situations as presented by community health problems. "Crash" types of instruction, i.e., assemblies, films shown in unrelated classes, outside persons speaking to large groups, using pamphlets above the reading level of pupils, a separate isolated week or two of instruction, etc., have constituted the program. It seems that each year a different health problem is of major concern. Attention is drawn to the need of instruction about cigarette smoking one year, then the next year venereal diseases is of greater interest. This year the primary concern has been with drug use and abuse. Now, on the horizon, is the need for "family life and sex education". Administrators become "pressured" into crowding specific content into an already full curriculum, to give some time to discuss the important health topics of the day. Instead, there should be a definite place in the curriculum where these changing health needs can be discussed, kept in their proper perspective, and developed sequentially to foster pupil understanding and attitudes.

Historically, the aspects of the healthful school environment have been controlled by outside agencies forcing their rules and regulations upon the school. The time has come for school administrators and other school personnel to assess the needs of boys and girls and make specific recommendations rather than accepting those of other agencies. It is time that school employees enjoyed the rights and privileges of persons working in other occupations. The health and working conditions of persons handling machinery frequently seem to be of greater importance to their employers than the health and working conditions of school personnel, who are working with human lives and helping to shape personalities.

The problems of school finance and the importance of academic status have been threats to the advancement of school health programs. However, historically, the health of boys and girls has been an accepted corner stone of our nation's educational programs. Optimum health remains our greatest resource, as we continue to develop a "sound mind in a sound body".

METHODOLOGY DETAIL

Interviews with administrative personnel gave insights into the relative significance placed upon the school health program and its component parts. Some examples of questions are: What activities comprise the school health program of Fresno Schools? What health services are provided? Is there a planned health instruction program? Are provisions made for a safe, healthful environment? To what extent are health services available? What health education areas constitute instruction? To what extent are health instruction activities available? What changes in behavior (knowledge, attitudes, practices) are expected as a result of health instruction? To what extent is the school health program coordinated and cooperatively planned?

Specific items asked the school nurses included: The number by grade level and sex of significant health problems; the types of health problems usually seen in the health office; the number and reasons pupils were placed on home instruction from each school; the types of school nursing activities that would be given priority, if more time were available; the percentage of pupils receiving medical or dental care following referral; the most significant health need of that particular school population, in the light of recent changes or trends, as well as by comparison with other schools now serving or having served; the school nurse's participation in health instruction (frequency, grade level, and topic); the school nurses role in assuring a healthful school environment.

Observations of the health office included scanning for an adequate place to do vision and hearing screening; lavatory facilities with hot and cold running water; ice readily available for injuries; a phone and private place for conferences; resting facilities, including isolation and separation of boys and girls at secondary levels; day-to-day operational procedures.

Questions relating to each health instruction area were asked of each teacher and pupil interviewed. The teachers were asked if the topic was covered and if so, by what method and using what resources? The pupils were asked if they had had the opportunity to learn about the topics covered in each content area, was it adequate, would they want more or less, would they desire this learning opportunity earlier or later in their school life, what methods of instruction do they feel are the most helpful?

During the community contacts an attempt was made to reveal the scope of the school health program, its importance to community life, and the contribution of that particular agency to enrichment.

Much information was obtained from the written materials which were available. Policies, regulations, and routine procedures of the health services program were easily accessible.

However, in the area of health instruction, written information was less frequently found. Elementary guides were no longer in use and written material describing the secondary health instruction content was almost non-existent. A few selected resources were available for specific content areas. Most of these are but one or two years old, and were done on an experimental basis to meet an immediate need.

The areas covered in the category of healthful school living were handled incidentally. This task was not in the original design of the project, but as the interrelationships of the other two categories became apparent, it seemed most appropriate that some mention and brief survey of the environmental area be undertaken. Additional study is needed to further explore this aspect of the school health program. At this time, however, it does not seem necessary to develop a specific needs assessment in depth, when basic school construction is so desperately needed to meet the State and other recognized standards of pupil health and welfare.

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TF 21 HEALTH

MAJOR CONCLUSIONS IDENTIFIED BY PROJECT STAFF

TF21-1. Health counseling for students is inadequate.

TF21-2. Conferences with pupils, parents, and teachers concerning health problems are needed.

TF21-3. In-service training of teachers on health, development, and home factors should be provided.

TF21-4. Eliminate factors such as clerical duties related to attendance and lunch procedures which take from professional time.

TF21-5. Schools should obtain and utilize health information from community health resources.

TF21-6. Health instruction program should be organized and sequential through all grades.

TF21-7. Health materials should be suited for each level.

TF21-8. In-service training of teachers for more effective use of health resource persons, materials, instructional aids should be provided.

TF21-9. Nurses should be involved with the teachers in curriculum development.

TF21-10. Specific health courses are not included in the curriculum.

TF21-11. An analysis of physical facilities for healthful school living is needed.

TF21-12. Avoid "crash" programs of single emphasis and short duration that cross grade lines and class organization and develop instead these same topics with emphasis in a structured sequential curriculum.

TF21-13. The pupil/nurse ratio and nurses responsibilities are increasing without corresponding increases in staff or time allotment.*

TF21-14. Problems of school finance and the priority awarded to academic status are threats to the school health program.*

* Concerns not unique to Fresno City Schools.